

### STATE OF NEW HAMPSHIRE

#### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Michael Skibbie
II. Name of lobbyist's partnership, firm or corporation, if any:
Disability Rights Center- NH
(Name of partnership, Arm or corporation)  64 N.Mam St, Sto 2 Commod nt 03301
Business Address: (Street) (Town/City) (State) (Zip Code)
(03) 228-0432 (603) 225-2077 e-mail M.Kes Pdrcnhiorg
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 26, 2017  July 26, 2017
Reports cover: activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17
October 25, 2017   January 31, 2018   activity from 7/1/17 to 9/30/17   activity from 10/1/17 to 12/31/17
V. There have been no fees received and no reportable transactions made since the last report.   [If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
<ul> <li>✓ If you have received fees or made expenditures, you must file Addendum A – Fees and Expenses</li> <li>☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B – Report of Honorariums or</li> </ul>
Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file <b>Addendum C</b> -Political Contributions
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)
Michael Skibbite (Print Name of lobbyist)  RECEIVED
APR 2 4 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

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### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	,	
Disability Rights Center	-111	
(Name of partnership, firth or corporation)		
III. Name of Client	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations oss fee ar	, or public relations service mount reported shall not
a) Total of all fees received in this reporting period	a) \$	1190.16
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		<i>b</i>
c) Total of all fees received to date (Add lines a and b)	c) \$	1190.16
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	8
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and may be fi e aggregat xpenses; ( le: meals ss than \$1 d with a vorting perion of greater than \$2 expense	if expenditures are made led for the lobbyist(s)/finct total of all expenses purchased during a busing 0 that is given to the personal of \$25.00 or less); and of greater than \$25.00 or ter than \$25.00 or ter than \$25.00 or greater than \$25.00 or ter than \$25.0
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported</li> </ul>	a) \$	50
in a), of \$25 or less.	b) \$	<del>-t</del>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$50
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns_50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Un how to	Hollin
(Signature of lobbyist)	(Date)
Midnael Skibbic	
(Print Name of lobbyist)	